

OFFICE OF
GENERAL COUNSEL

Federal Election Complaint

2018 AUG -7 PM 12:10

Office of General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

MUR # 7461

Respondent - Julio Gonzalez
2018 Candidate - U.S. House of Representatives, Florida District 17.
241 Nokomis Avenue, South, Venice, Florida 34285

Please consider this a complaint against Julio Gonzalez under 2 U.S.C. 437g. Gonzalez is a 2018 candidate for the U.S. House of Representatives, Florida District 17. Gonzalez is also a member of the Florida House of Representatives, District 74. On July 19, 2018, Gonzalez filed a *Form 6 Full and Public Disclosure of Financial Interests* with the Florida Commission on Ethics. See attached. On the Form 6, Gonzalez lists, among other things, his assets and liabilities, as of June 1, 2018.

In Part C, Liabilities, he lists a liability (presumably, a loan) to *Winston Arabitg, M.D.*, in the amount of \$317,032.65. Other than this apparent loan from Dr. Arabitg, Gonzalez doesn't list any item on his financial disclosure that indicates he has access to large sums of cash (he lists a checking account containing \$5,451.00).

While I do not know the date that Gonzalez received this loan from Arabitg, I can report that he did not list the loan as a liability on his 2017 *Form 6 Full and Public Disclosure of Financial Interests* (filed June 21, 2017). See attached. Additionally, on May 18, 2018, Gonzalez filed a *Form B, Financial Disclosure Statement*, as a candidate for the U.S. House of Representatives. The loan from Arabitg is not disclosed on this Form B as a liability. See attached.

Gonzalez reports two loans to his federal campaign, totaling \$150,000 on March 30, 2018 (\$110,000; \$40,000). As mentioned above, none of Gonzalez's recent financial disclosures indicates an ability to access a large sum of cash, such as the \$150,000 he lent to his campaign, other than the \$317,032.65 loan from Arabitg. It seems clear that the \$150,000 loan to the Campaign came from these Arabitg funds.

It is my understanding that the 2017-18 limit for individual contributions to a federal candidate is \$2,700 per election. As such, Gonzalez has received an illegal campaign

16004447218

FORM 6

FULL AND PUBLIC DISCLOSURE

2017

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

256201

LAST NAME — FIRST NAME — MIDDLE NAME:

CONZALEZ, JULIO

MAILING ADDRESS:

241 N. MORGAN AVE S.

CITY:

VENICE

ZIP: FL

COUNTY:

SARASOTA

NAME OF AGENCY:

HOUSE OF REPRESENTATIVES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

STATE REPRESENTATIVE, DISTRICT 74

CHECK IF THIS IS A FILING BY A CANDIDATE

FLORIDA COMMISSION ON ETHICS

JUL 19 2018

RECEIVED

PROCESSED

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 1, 2018 was \$ 482,324.00

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 182,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

SEE ATTACHED

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SEE ATTACHED

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SEE ATTACHED

14003414001

**ADDENDUM FORM 6 FOR 2017
FOR JULIO GONZALEZ, M.D., J.D.**

PART B: ASSETS

217 Bayside Drive, Venice, FL 34285	Personal Residence	\$880,000.00
Aragon, PLLC	Landholding Corp.	\$700,000.00
Holds 241 Nokomis Ave S., Venice, FL 34285		
Commercial Property valued at	\$640,000.00	
Checking Account,		\$5,451.00
Centennial Bank, 500 U.S. Bypass N., Venice, FL 34285		
IRA Wells Fargo; 1 N. Jefferson Ave., St. Louis, MO, 63103		\$10,962.36
Orthopaedic Center of Venice,	Medical Practice	\$600,000.00
241 Nokomis Ave S. Venice, FL 34285		

PART C: LIABILITIES

Sun Trust Mortgage, PO Box 79041, Baltimore, MD 21279	\$638,000.00
Regions Bank. FL 34285	\$607,788.99
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$73,211.51
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$135,777.25
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Winston Arabitg, M.D.	\$317,032.65
5408 Kenmore Lane, Orlando, FL	

PART D: INCOME

Orthopaedic Center of Venice,	Medical Practice	\$52,000.00
241 Nokomis Ave S. Venice, FL 34285.		
State Legislature		\$27,537.00
420 The Capitol, 402 S. Monroe St., Tallahassee, FL 32399-1300		

100247442001

SCHEDULE F - AGREEMENTS

Name: JULIO GOMBALLER Page 6 of 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<u>NONE / NOT APPLICABLE</u>	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services
<u>MULTIPLE PATIENTS THROUGHOUT THE STATE OF CALIFORNIA CENTER OF VENICE.</u>	<u>MEDICAL SERVICES. THROUGHOUT THE REPORTING PERIOD I HAVE PERFORMED MEDICAL SERVICES WITH FEES IN EXCESS OF \$5,000. THE DETAILS OF WHICH ARE NOT REPORTED DUE TO CONFIDENTIALITY ISSUES. ALL INCOME OBTAINED AS A RESULT OF THESE SERVICES ARE REPORTED IN SCHEDULE D ETC.</u>

Use additional sheets if more space is required.

14-00000-1000

